STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

APR 1 9 2019

I. Name of Lobbyist(s)	JAMES	BURNE	17	NEW HAMPS	SHIRE OF STATE
II. Name of lobbyist's parti	nership, firm or corp	oration, if any:			
SIGHT !	LINE PU	BLIC AFI	FAIRS		
(Name of pa	artnership, firm or corpor	ration)			
PO BOX	97	CONCORD Fown/City)	NH	03302 (Zip Code)	
Business Address: (Street)		Fown/City)	(State)	(Zip Code)	
(Telephone)	<u>?(</u>)	(Fax)	o-mail JAMI	e @ Sight-Lwe	υ ડ
III. This statement covers: reportable expense transac				y file a separate report fo	r
All reportable transaction	ns occurring in the mo	nths prior to the report	ing date relative to th	e following client:	
•	Name of Client as it app	ears on the Lobbyist Reg	ristration Form)		
OR All reportable transaction unrelated to any particular cl		uding the lobbyist's fa	mily), or the lobbying	g firm listed below which ar	٠ ع
• •			•		
	ril 24, 2019 🖫 n date of registration to .		fuly 31, 2019 🔲 from 4/1/19 to 6/30/19		
· ·	tober 30, 2019		January 29, 2020 🗆		
	y from 7/1/19 to 9/30/19		from 10/1/19 to 12/31.	/19	
V. There have been no fe If this box is checked, comple Concord, NH 03301.					
VI. Check if additional rep	orts are attached:				
If you have received fee		s, you must file Adder	ndum A- Fees and E	xpenses	
☐ If you have paid an hone Expense Reimbursement	orarium or reimbursed	expenses, you must fi	ic Addendum B Re	port of Honorariums or	
If you, your firm, or you	r family has made pol	itical contributions, yo	u must file Addendu	m C- Political Contribution	18
Sworn Statement/Affirmat I have read RSA 15, RSA 15 and complete to the best of r (Signature of lobbyist)	5-B, RSA 14-C and RS my knowledge and beli		ear or affirm that the	Foregoing information is tru	В
(Print Name of lobbyist)	y ene ''				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyis	t's partnership, firm or corporation, if any:	
•		<u>.</u> \$
	T LINE PUBLIC 4FFAIR ne of partnership, firm or corporation) EVERSOURCE	Date 4/18/19
III. Name of Client _	CVCIOSORCE	Date 7/10/11
to lobbying, including	ount of all fees received from the client identified above g fees for services such as public advocacy, governmentoring legislation, and related legal work. The geses:	nt relations, or public relations ser-
a) Total of all fees re-	a) \$	
	eceived this calendar year, prior to this reporting period al the total of all prior monthly reports for this calendar	b) \$
c) Total of all fees re		// // //
(Add lines a an	d b)	c) \$
d) Indicate the amou yet been paid	nt of any such fees that are due, but have not	c) \$ 10,000 d) \$ 5,000
fees. Separate report the lobbyist(s)/firm to Expenses are to be reduring the reporting individual expenses valunch where the cost being lobbied, purchas (c) an itemized statem any purpose not cove ceremonial object to restaurant expenses f	partnerships, firms, or corporations are required to reach that are unrelated to any one client a separate report eported in one of three categories of expenses: (a) the period for salaries, benefits, support staff, and office where the expenditure was of \$25.00 or less (for examinates) was \$25.00 or less, purchase of a pen with a value of less of a ceremonial object given to a person being lobble and of each individual expenditure made during this reported by (a) (for example: purchase of a meal with value greated by (a) (for example: purchase of a meal with value greated by the support of lobbying with a value greater and entire the subject of lobbying with a value greater and entire the sub	n client and if expenditures are may be filed for the lobbyist(s), the aggregate total of all expenses expenses; (b) the aggregate total uple: meals purchased during a bustless than \$10 that is given to the poied with a value of \$25.00 or less porting period of greater than \$25.0 alue of greater than \$25.0 alue of greater than \$25, purchase ater than \$25, but not greater than as, expense reimbursement, or po
support staff, and offi	penses for this reporting period for salaries, benefits, ce expenses, related directly or indirectly to lobbying. Expenditures during this reporting period, not reported	a) \$
in a), of \$25 or less.	expenditures during and reporting period, not reported	b) \$
	ed expenditures reported in detail in section VI	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 10,000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 10,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. (Signature of lobbyist) JAMES BIRNETT	that the foregoing information 4/18/19 (Date)
(Print Name of lobbyist)	